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JCT 70 U.S.

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PTO/SB/05 (2/98)

Approved for use through 09/30/2000 OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box → +

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. PC10734A US

First Named Inventor or Application Identifier Frank R. Busch

Title The Use of Growth Hormone Secretagogues to Treat Systemic Lupus Erythematosus and Inflammatory Bowel Disease

Express Mail Label No. EL710829578US

APPLICATION ELEMENTS		ADDRESS TO:		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
See MPEP chapter 600 concerning utility patent application contents.				
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification [Total Pages 95]	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>			
a. <input type="checkbox"/> Computer Readable Copy				
b. <input type="checkbox"/> Paper Copy (identical to computer copy)				
c. <input type="checkbox"/> Statement verifying identity of above copies				
ACCOMPANYING APPLICATION PARTS				
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 11.3)[Total sheets]	8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3]	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>			
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>			
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [Note Box 5 below]	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).	12. <input type="checkbox"/> Preliminary Amendment			
5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
	14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12)			
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
	16. <input checked="" type="checkbox"/> Other: Priority Claim			
<i>*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</i>				
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____				
Prior application information: Examiner _____		Group/Art Unit: _____		

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below
Name	Gregg C. Benson			
Address	Pfizer Inc.			
Address	Patent Department, MS 4159, Eastern Point Road			
City	Groton	State	CT	Zip Code 06340
Country	United States Of America	Telephone	1-(860)-441-4901	Fax 1-(860)-441-5221
NAME (Print/type)	Robert T. Barker		Registration No. (Attorney/Agent)	41,597
Signature	<i>Robert T. Barker</i>		Date 6/14/01	

Express Mail No.: EL710829578US

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U.S.PTO**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 2000.

Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$1,706)

Complete if Known

Application Number	To Be Assigned
Filing Date	Filed herewith
First Named Inventor	Frank R. Busch, et al
Examiner Name	To Be Assigned
Group/Art Unit	

Attorney Docket No. PC10734A US

METHOD OF PAYMENT (check one)

1. The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc.

Charge Any Additional 37 Fee Required Under C.F.R. §§ 1.1.6 and 1.17. Charge the Issue Fee Set in 37 C.F.R. § 1.1.8 at the Mailing of the Notice of Allowance

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65			Surcharge – late fee or oath	
127	50	227	25			Surcharge–late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	390	216	195			Extension for reply within second month	
117	890	217	445			Extension for reply within third month	
118	1,390	218	695			Extension for reply within fourth month	
128	1,890	228	945			Extension for reply within fifth month	
119	310	219	155			Notice of Appeal	
120	310	220	155			Filing a brief in support of an appeal	
121	270	221	135			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,240	241	620			Petition to revive - unintentional	
142	1,240	242	620			Utility issue fee (or reissue)	
143	440	243	220			Design issue fee	
144	600	244	300			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Petitions related to provisional applications	
126	240	126	240			Submission of Information Disclosure Statement	
581	40	581	40			Recording each patent assignment per property (times number of properties)	
146	710	246	355			Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355			For each additional invention to be examined (37 CFR 1.129(b))	
Other Fee (specify)							
Other Fee (specify)							
SUBTOTAL (2) (\$)	996						
SUBTOTAL (3) (\$)							

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if Applicable)

Type or Printed Name Robert T. Barker

Reg. Number 41,597

Signature

Robert T. Barker

Deposit Account User ID 16-1445